

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 5 | | ① 4 | | 1 3 | | 3 1 |
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| 8 | | 4 | | 3 | | 3 3 |
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| TOTAL DEP. | 24 | ↓ | 14 | ↓ | 14 | ↓ |
| TOTAL CLAIMS | 26 | | 17 | | 17 | |

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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ↓ | | ↓ | | ↓ |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMMENDMENTS